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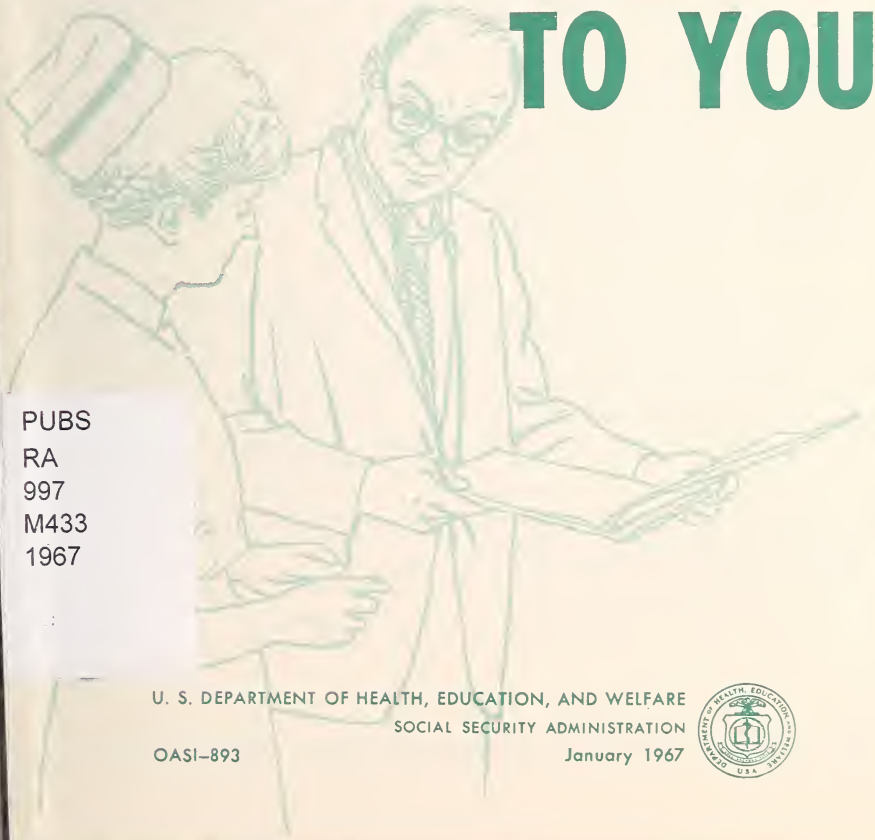
MEDICARE and the EXTENDED CARE FACILITY

WHAT IT MEANS TO YOU



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U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
OASI–893
January 1967

EXTENDED

WHAT IT MEANS

Your doctor decides if and when you need to be admitted to a hospital. He also decides when you no longer need hospital care. But he may decide that going directly from the hospital to your home is not best. He may feel that while you no longer need to be in a hospital, you still need health care you cannot get at home.

So, your doctor may want you to have this care in a facility that provides the skills needed for your treatment. These facilities are specially qualified skilled nursing homes or special sections of hospitals. This means they are able to furnish the special kind of care you may need after a hospital stay.

The purpose of the extended care **benefit** is to help pay for this additional **care** of a condition for which you received hospital care. The benefit is NOT designed to help pay for custodial or personal care in a nursing home. It is designed to provide the health services your doctor decides you need after the hospital treatment he prescribed for you.

ARE FACILITY

HOW IT WORKS

Your **HOSPITAL INSURANCE** will help pay for the covered services you receive in the extended care facility—for up to 100 days in each spell of illness.

Medicare pays the full cost of covered services for the first 20 days in each spell of illness. After that—for up to 80 more days—medicare pays all but $5 a day of covered services. The special meanings of "spell of illness" and "covered services" are explained in *Your Medicare Handbook*.

IF:

- You were in a hospital at least 3 days and were discharged after June 30, 1966, and
- You were admitted to the facility within 14 days after you were discharged from the hospital, and
- Your doctor has prescribed this kind of special care to continue his treatment of the illness or injury for which you were hospitalized . . .

THEN: YOU QUALIFY FOR EXTENDED CARE BENEFITS, but only in a **PARTICIPATING FACILITY**—and that is very important.

For more information turn page.

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Medicare cannot pay for your care unless the facility is participating in the medicare program.

The facility can qualify under the medicare program if it meets the necessary standards to give the quality care required by law; if it abides by Title VI of the Civil Rights Act which prohibits discrimination based on race, color, or national origin; and if it has an agreement with the Government to provide extended care benefits under medicare.

Your doctor or your hospital can tell you if an extended care facility is participating under medicare, or you can ask the facility itself. Or, you may get in touch with the social security office.

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